

SAMPLE TANNING INJURY/ILLNESS REPORT

Firm Name: _____	Date: _____
Address: _____	
Telephone Number: _____	Fax Number: _____

PLEASE FILL OUT THE FOLLOWING INFORMATION:

Name of the affected individual: _____

Date of injury or illness: _____

Describe the nature of the injury/illness: _____

Identify the tanning device(s) involved, if any, including room # and brand/model of the unit(s):

Name and address of health care provider, if any: _____

Name of operator(s) on duty at the time of injury/illness: _____

Disclose any other information considered relevant to the situation: _____

If a tanning operator has observed an injury/illness associated with using a tanning device, or a consumer has reported such an incident, please fill out this form. A copy of an injury/illness report shall be forwarded to the Texas Department of State Health Services within five working days of the injury/illness or knowledge thereof. In addition, the firm must maintain a copy of the injury/illness report as part of the individual consumer records requirement. Please mail a copy of the injury/illness report to the Texas Department of State Health Services, Policy, Standards and Quality Assurance Unit - Drugs and Medical Device Group, Mail Code 1875, 1100 West 49th Street, Austin TX 78756, or fax to (512) 834-6759.

NOTICE TO INDUSTRY: *The Drugs and Medical Devices Group of the Texas Department of State Health Services has developed this guidance document to assist regulated firms in their compliance with 25 Texas Administrative Code, (TAC §229.355). This document has no official legal status and is not binding on the regulated industry or on the Texas Department of State Health Services.*